

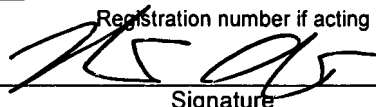
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PTO/SB/22 (04-08)

Approved for use through 09/30/2007. OMB 0651-0031

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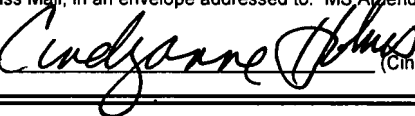
<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2007</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		<b>Docket Number (Optional)</b> MIY-P03-024	
<b>Application Number</b> 10/642,365		<b>Filed</b> August 14, 2003	
<b>For</b> SYSTEMS, METHODS AND DEVICES RELATING TO DELIVERY OF MEDICAL IMPLANTS			
<b>Art Unit</b> 3731		<b>Examiner</b> N.R. Pous	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60 \$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$ 1,020.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1945</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>60,386</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 _____ Signature		_____ September 28, 2007 Date	
Richard G. Allison _____ Typed or printed name		(212) 596-9547 _____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			

10/03/2007 SDENR083 00000003 181945 18642365  
01 FC:1253 1020.00 DA

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 9/28/07

Signature



(Cindyanne Holmes)